

# SMP — State Maintenance Plan

Administered by BlueCross BlueShield of Wisconsin



**BlueCross BlueShield of Wisconsin**

An independent license of the BlueCross and BlueShield Association

## **What we are**

The SMP program provides maximum health care coverage over a broad range of benefits in a managed care environment. Each SMP participant selects a primary care clinic that directs the health care services of the participant. SMP is administered by BlueCross BlueShield of Wisconsin (BCBSWi) – a local company known for the service, convenience, automated processing, and the I.D. card that is recognized and accepted across the nation.

## **Referral Requirements** – Retroactive referrals are not allowed.

A formal, BCBSWi approved referral is required from your primary care clinic (PCC) when:

1. Seeking care outside of the SMP network.
2. Seeking services from an in-network or out-of network behavioral health provider.

A referral is the written form from your Primary Care Clinic (PCC) requesting Behavioral Health services or any out-of-network service. You should not make an appointment until the request for the referral has been reviewed and approved. Notification of the decision will be sent to you and your PCC. It is ultimately the member's responsibility to make sure the referral is submitted and approved prior to seeking services.

## **Prior Authorization Requirements**

To ensure that services are covered, BCBSWi recommends that members or treating providers request prior authorizations. Services for which prior authorizations are usually requested include:

- New medical or biomedical technology
- Methods of treatment by diet or exercise
- New surgical methods or techniques
- Acupuncture or similar methods
- Organ transplants

Without an approved prior authorization, BCBSWi may deny payment. Additional information may be submitted for further review of the denial.

## **Quality Initiatives**

- State of Wisconsin calls are given the highest priority by all BCBSWi call centers, thereby increasing our telephone accessibility
- 100% of written inquiries will be resolved within 12 working days. A goal that has been met in both 1<sup>st</sup> and 2<sup>nd</sup> quarters of 2004.
- New measures have been implemented to improve timeliness and accuracy of claim processing.

## **Exclusions and Limitations**

- Physical exams requested by third parties (i.e. school, insurance, etc.)
- Services or supplies for custodial care or rest cures as defined by contract
- Services, supplies or equipment that are not medically necessary, or that are experimental/investigational
- Eyeglasses, contact lenses or hearing aids or examinations for their prescription or fitting
- In vitro fertilization or artificial insemination
- Weight loss programs, services or supplies
- Care covered by worker's compensation
- Dental services except as specifically provided
- Cosmetic surgery
- Organ transplants except as specifically provided
- Reversals of sterilization

## **Covered Services – no deductible:**

- Hospital services (Utilization Management requires prior notice of non-emergency admissions, or within 48 hours after an emergency admission.)
- Maternity care
- Surgery
- Office calls
- Preventative dental and vision is available for children
- Extended care facility (except custodial care)
- X-ray and laboratory services
- Routine physical exams

## **Covered Services – paid at 80% after deductible:**

- Extraction and/or replacement of natural teeth when necessitated by an accidental injury
- Physical, speech, and occupational therapy when necessitated by illness
- Ambulance (First \$50 paid in full)

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Major Medical Deductible: \$200 per person, per calendar year; maximum of two per family; after deductible, plan pays 80%, you pay 20% until your out-of-pocket maximum has been reached. Out-of-pocket maximum is \$1,000 per individual/\$2,000 per family, and does not include the deductible. The benefit maximum major medical benefit is \$250,000 per lifetime.

Health Benefits	Plan Pays	Limitations
<b>*Physician</b>	100%	Selected primary physician or upon referral from primary physician.
<b>Hospital</b>	100%	365 days in semi-private room.
<b>Laboratory and X-rays</b>	100%	When requested by primary or referral physician.
<b>Behavioral Health</b> (Combined with Alcohol & Drug Abuse)	100%	INPATIENT – 120 days or \$6,300 per calendar year, which ever is less.
<i>In 2005, annual dollar maximums for behavioral health services are suspended.</i>	90%	OUTPATIENT - Of first \$2,000 per calendar year.
	90%	TRANSITIONAL - Of first \$3,000 per calendar year.
<b>Alcohol and Drug Abuse</b> (Combined with Behavioral Health)	100%	INPATIENT – 30 days or \$6,300 per calendar year, which ever is less.
<i>Maximum for all services is \$7,000 per calendar year, combined.</i>	90%	OUTPATIENT - Of first \$2,000 per calendar year.
	90%	TRANSITIONAL - Of first \$3,000 per calendar year.
<b>Emergency Room</b>	100%	Non-emergency requires referral.
<b>Extended Care Facility</b>	100%	730 days per admission less hospital days used. Excludes custodial care as defined by the contract.
<b>Vision Care</b>	100%	For illness or disease only. Annual routine eye examines for children under age 18.
<b>Prescribed Medical Services/Supplies</b>	100%	Subject to deductible
<b>Transplants</b>	100%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal. Excludes all services related to non-covered transplants.
<b>Chiropractic Care</b>	100%	Same as physician.
<b>Ambulance</b>	100%	Pays first \$50 per trip
	80%	Thereafter, subject to deductible
Additional Benefits		
<b>Physical, Speech, Occupational Therapy</b>	80%	Subject to deductible
<b>Home Hospice Care</b>	100%	80 visits per six months.
<b>Hearing Aid</b>	0%	Not a covered benefit
<b>*Oral Surgery</b>	100%	Same as physician.
<b>Infertility Services</b>	0%	Not a covered benefit
<b>Preventive Dental Care</b>	100%	Limited to children under age 12.
<b>Prescription Drugs</b>		Separate PBM administration through Navitus. Annual out-of-pocket maximums do not apply.

- Except as required by law, SMP covers services only when provided by or referred by your primary physician, except emergency care. Refer to the SMP Provider Directory for physician, hospital and specialty care providers.

- SMP pays the percent of charge(s) show above.

\* Professional services are limited to \$10,000 per illness or injury, then major medical.

*This is intended as a general outline of benefits. It is not intended to be a complete description of coverage and does not serve as a legal document. For a complete listing of benefits, limitations, and exclusions please refer to the Benefit Handbook available through your personnel representative or call us at BCBSWI.*

Service Centers			
<b>Customer Care hotline for State of Wisconsin Employees</b> 1-800-755-6400 or <a href="http://www.bluecrosswisconsin.com">www.bluecrosswisconsin.com</a>	<b>Northeastern</b> 145 S Pioneer Rd. Fond du Lac WI 54935	<b>Southwestern</b> 500 Hwy 51 East Platteville WI 53818	<b>Western</b> 2270 EastRidge Center Eau Claire WI 54701
We are able to answer questions about claims or benefits by letter or telephone. To provide more convenient service, walk-in customer service is also available at each service center.			